

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2	1						52				
3		2					53				
4		2					54				
5	1						55				
6	1						56				
7		2					57				
8	1						58				
9	1						59				
10		1					60				
11							61				
12							62				
13							63				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	7						TOTAL DEP.				
TOTAL CLAIMS	13						TOTAL CLAIMS				